



# Using Other Health Insurance

TEO FS-24

"Your Passport to Quality Health"

Fact Sheet



*Many TRICARE beneficiaries have other health insurance through their employer, through a national health system outside of the U.S., or through a privately purchased insurance program. If you have public or private health insurance in addition to TRICARE, there are a few rules you need to know in order to ensure your medical claims are properly processed.*

## OHI First, TRICARE Second

By law, TRICARE is always the secondary payer for beneficiaries who have Other Health Insurance (OHI). If you have OHI, you typically must file your claims with the other insurer first and with TRICARE second if any balance remains. There are two main exceptions to this rule: you may file your claim with TRICARE first if you have OHI administered under the Social Security Medicaid Act, or supplemental coverage (see reverse) designed to cover TRICARE deductibles, coinsurance and cost shares.

## Double Coverage

For claims that involve double coverage (when a beneficiary has OHI in addition to TRICARE), TRICARE benefits may not be extended until the other insurer processed the claim. Double coverage can be any of the following:

- **An insurance Plan:** Any insurance plan or program that provides compensation for expenses incurred by a beneficiary for medical services/supplies.
- **A medical service or health plan:** Any plan or program of an organized health care group which provides professional and institutional care to a premium-paying beneficiary.

- **A third party payer:** Insurance that is provided by a medical service, insurance, or health plan by contract or agreement to include automobile liability insurance, a no-fault carrier and worker's compensation plan, or any other plan designed to provide compensation or coverage for expenses incurred by a beneficiary for medical services or supplies.

## Care from a Host Nation Provider

If you have OHI and are referred to a Host Nation provider, that provider is not obligated to file your claim with your primary (OHI) insurance. In some cases, they might ask you for payment up front. In this case, you must send your claim to your primary insurer. Once the claim has been processed by your OHI, send a copy of the Explanation of Benefits you receive (even if the claim was denied), a copy of the bill and a **DD 2642 claim form** (available from your TRICARE Service Center), to the overseas TRICARE claims processor (see reverse). On your claim form, make sure to indicate the name and policy number of your primary insurer.

## Completing a Claim Form

For all TRICARE Europe beneficiaries, claims may be submitted on a CHAMPUS Claim Form (**DD Form 2642**). This is the claim form used by TRICARE Europe for overseas care. You may obtain claim forms from your local TRICARE Service Center. You may also download forms from [www.europe.tricare.osd.mil](http://www.europe.tricare.osd.mil) (click on the "Beneficiaries" button).

## Send Your Claim to WPS

The TRICARE Europe claims processor is Wisconsin Physician Services (WPS), located in Madison, Wisconsin. Please use your overseas (APO) address on claim forms. Although WPS pays all beneficiary

claims in Europe, there are different box numbers for Active Duty and all other TRICARE eligible beneficiary claims:

**Active Duty Civilian Care Claims:** Send ALL Active Duty claims to your servicing Military Treatment Facility.

**Active Duty Family Member Civilian Care Claims:** The claims processor handles ALL claims for active duty family members enrolled in TRICARE Europe Prime. Please submit ALL Active Duty Family members claims to: *TRICARE Europe, WPS-Claims Processing, P.O. Box 8976, Madison WI 53708-8976.*

## TRICARE Standard – Overseas Care

Individuals residing overseas covered by TRICARE Standard (including eligible retirees, their family members and Active Duty Family Members who have chosen not to enroll in Prime) should submit all TRICARE claims to the address above (WPS-Claims Processing) if the care was rendered overseas. Claims for CONUS care must be submitted to the claims processor of region where the care was rendered.

## Prescriptions and OHI

If you need medication that is not covered under your primary health insurance plan, but is covered under TRICARE, you must submit your Explanation of Benefits (denial statement) from your OHI to the TRICARE overseas claims processor.

If you are covered by other health insurance (OHI) with a pharmacy benefit, you may not use TRICARE Mail Order Pharmacy Program (TMOP), unless the other insurer does not cover the medication needed or you have exceeded the dollar limit of coverage under that other plan. If the medication needed is not covered by OHI, submit the prescription and the Explanation of Benefits from the OHI to Express Scripts. If the drug is covered by TMOP, Express Scripts will fill the prescription. If you reach your OHI's benefit cap, submit a copy of the cap notice to Express Scripts with your prescription. If the drug is covered by TMOP,

Express Scripts will fill the prescription until your OHI pharmacy benefit is renewed. More information is available at [www.tricare.osd.mil/pharmacy/tmop.cfm](http://www.tricare.osd.mil/pharmacy/tmop.cfm).

All prescription claims require the name of the patient; the name, strength, and quantity of each drug; the name and address of the pharmacy; and the name and address of the prescribing physician. Billing statements showing only total charges, reminders, cancelled checks, or cash register and similar receipts are not acceptable as itemized statements.

## Supplemental Insurance Vs. OHI

Supplemental insurance is specifically designed to supplement TRICARE Standard costs. Unlike OHI, which pays for health care services first, supplemental policies are always secondary payers on TRICARE claims. Supplemental plans are frequently available from military associations and other private organizations and firms. Each TRICARE supplemental policy has its own rules concerning pre-existing conditions, eligibility requirements, deductibles, and mental health limitations, so you should carefully consider which plan is best suited to your individual needs before you buy any supplemental policy. More information is available at [www.tricare.osd.mil/supplementalinsurance](http://www.tricare.osd.mil/supplementalinsurance).

## You Must Report Your OHI status

Failure to disclose your other health insurance information could result in your claim being delayed or denied. To report your other health insurance for the first time, complete **DD form 2569, Third Party Collection Program-Record of Other Insurance**, available at [www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2569.pdf](http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2569.pdf). In addition to this formal notification, you must also identify that you have other insurance on every claim that you send to TRICARE. Lastly, you must notify the overseas claims processor (WPS) if you cancel your OHI. To do this, send WPS a letter from your OHI stating that your membership has been terminated with effective dates of the cancellation.